

ATTENTION

Please Note: The attached form is only the application. There is a more complete CPA information package that is being developed to be included with the application. Please contact the DCRA Business Center for the information package. They may be reached at 202-442-8959.

**DEPARTMENT OF CONSUMER AND REGULATORY AFFAIRS
OCCUPATIONAL AND PROFESSIONAL LICENSING ADMINISTRATION
P.O. BOX 37200
WASHINGTON, D.C. 20013-7200**

OPLA-24
(Rev. 10/85)

APPLICATION FOR D.C. LICENSE

FOR OFFICE USE ONLY			APPLICATION NO.		
	AMOUNT OF FEE	DATE PAID	BASIS OF LICENSURE	date	CATEGORY CODE
APPLICATION	<input type="checkbox"/> EXAMINATION	test score	AUDIT/LICENSE NO.
EXAMINATION	<input type="checkbox"/> RECIPROCITY	state	COMPLAINTS FILED
LICENSE	\$.....	<input type="checkbox"/> ENDORSEMENT	state	<input type="checkbox"/> Yes No <input type="checkbox"/>
BOARD APPROVED		<input type="checkbox"/> OTHER	MIS ONLY
LICENSE PERIOD	from to				STREET CODE
					QUADRANT CODE

TO BE COMPLETED BY APPLICANT (PLEASE READ INSTRUCTIONS FIRST) (PRINT IN INK OR TYPE)

1. TYPE OF LICENSE	5. <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	6. BASIS OF APPLICATION <input type="checkbox"/> Examination <input type="checkbox"/> Re-examination <input type="checkbox"/> Reciprocity <input type="checkbox"/> Endorsement <input type="checkbox"/> Other	11. DATE OF APPLICATION
2. NAME OF APPLICANT (Last, First, MI)	7. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	(specify)	* 12. SOCIAL SECURITY NUMBER
3. RESIDENCE ADDRESS (Street, City, State, Zip Code)	8. <input type="checkbox"/> TRADE NAME		13. DATE OF BIRTH
4. BILLING ADDRESS (Street, City, State, Zip Code)	OR <input type="checkbox"/> EMPLOYER NAME		14. PLACE OF BIRTH
	9. BUSINESS ADDRESS (Street, City, State, Zip Code)		15. TELEPHONE NUMBER Residence Business
		10. D.C. WARD	16. CERTIFICATE OF OCCUPANCY (if applicable) NUMBER

17. SCHOOL ATTENDED (name, city, state or foreign country)	18. Total No. of hours	19. Date of Graduation	20. Type of Degree/Certificate	21. Year Degree Received

22. Have you ever been arrested or convicted of a crime? (omit traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation.	23. Are you currently bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give expiration date
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24. Are you now or have you ever been licensed in D.C. or any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the following information on original license: License Date License No. Issue Basis	Jurisdiction
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25. Have you ever surrendered license or has license been denied, revoked or suspended by any jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach explanation.	
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26. AFFIDAVIT OF APPLICANT

....., being duly sworn, deposes and says: That the information given in this application, including all writings and exhibits attached hereto, is true and complete.

District of Columbia ss.

.....
Signature of Applicant

Subscribed and sworn to before me this day of, 20 by the affiant, who personally appeared before me.

My Commission expires

(SEAL)

.....
Notary Public

1. All applicants must complete applicable portions of supplemental page and submit all supporting documents required.
 2. Fee must accompany application. All fees are earned when paid and cannot be transferred or refunded.
 3. Make checks payable to D.C. TREASURER. A charge of \$50.00 will be imposed for dishonored checks. (Public Law 89-208)
 4. False or misleading statements will be cause for rejection of application or revocation of license.
 5. If more space is needed to fully answer questions, attach additional page(s).
- *Under the authority of Public Law 93-579, Section 7(b), the Department of Consumer and Regulatory Affairs requests your Social Security Number to assist in the administration of D.C. tax laws. Disclosure is not required as a part of the licensing process and will not be made available to the public.